

ISSUER'S STAMP AREA (for additional space if needed)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	60245	10/29/93
O.I.P.E. CLASSIFIER	DM	78823	9/25/93
FORMALITY REVIEW			10/2/93

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
12	10/01
29	9/8/93
49	9/16/93
50	10/01
2	2/1
3	3/1
4	4/1
5	5/1
6	6/1
7	7/1
8	8/1
9	9/1
10	10/1
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49	49/1
50	50/1

Claim	Date
42	10/01
43	10/01
44	10/01
45	10/01
46	10/01
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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